

condition is alarming; this dosage is continued until defervescence begins, when half these amounts are given. When the temperature reaches normal the drug is stopped. To one severely affected patient he gave 6 drachms between 5 P.M. and 8 A.M. The author has never seen bad results from these doses. If the urine becomes affected it may be necessary to omit a few doses until it becomes clear once more.—*La semaine médicale*, 1905, No. 1, p. 7.

PEDIATRICS.

UNDER THE CHARGE OF

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A Study of Eighteen Consecutive Cases of Whooping-cough Treated by the Elastic Abdominal Belt.—THERON W. KILMER (*Journal of the American Medical Association*, December 10, 1904, p. 1749) reports his observation of 18 consecutive cases of whooping-cough treated according to a method suggested by him in 1903. This method consists in the application of a slightly constricted silk-elastic abdominal belt. A stockinette band is placed on the child in the same manner as is done by orthopedists before they apply the plaster-of-Paris jacket. This band extends from the axillæ to the pubes and fits snugly. Two muslin shoulder-straps are used to prevent the band from slipping down. On this stockinette band a single width of silk elastic-bandage is sewed, extending entirely around the body and covering the abdomen. This silk elastic is of the same quality as that used for elastic stockings. If the child is under a year old it will be found necessary to use but one width (five inches) of the bandage; in an older child two widths will often be found necessary to entirely cover the abdomen. The silk elastic is pinned in place when very slightly on the stretch; after pinning it should be sewed to the stockinette band underlying it all around the edge; this procedure keeps the silk-elastic belt flat and prevents its rolling up or becoming creased. The lower projecting portion of the stockinette band should be pinned to the outside of the diaper or other clothing, thus keeping the elastic belt smooth over the abdomen.

The principal success of this procedure seems to lie in the control of the obstinate vomiting, especially in young infants, in whom this feature of the disease constitutes the greatest danger. In some of the most aggravated cases the author has seen vomiting stop immediately after application of the elastic belt. Should the vomiting continue after the belt has been applied the latter should be slightly tightened, with expectation of satisfactory results. While there is some diminution in the number of paroxysms after application of the belt, their character seems to be modified to a great degree, and in some cases of the author's series the duration of the disease seems to have been shortened. The

following summary of the series is of interest: males, 9; females, 9; ages from four months to nine years; vomiting ceased immediately and permanently in 9 cases (50 per cent.), was markedly lessened in 8 (44 per cent.), and was not lessened in 1 (6 per cent.); there were beneficial results in 17 cases and failure in 1; cough ceased immediately in 9 and was not lessened in 6.

The most striking value of the method as applied to the whole series can be gathered from the statement that there was a reduction of vomiting spells from 3951 a week to 463 a week. For these reasons the author bespeaks a fair and impartial trial of his method at the hands of the profession. An interesting fact that has been brought out by this study is the observation that in untreated cases of the disease a ratio of 2 to 3 between vomiting and cough paroxysms is very generally noted. This ratio is at once disturbed by the application of the elastic belt.

Gonococcus Infections in Children.—L. EMMETT HOLT (*Proceedings of the New York Academy of Medicine*, March 2, 1905; *Archives of Pediatrics*, May, 1905, p. 369) relates his experience with gonococcal infection in the Babies' Hospital during the past eleven years. He advises substituting the terms gonococcus ophthalmia, vaginitis, or arthritis for the terms gonorrhoeal ophthalmia, etc., as these latter suggest a venereal origin, which is seldom the case in young children. His conclusions are worth quoting:

1. We must recognize gonococcus vaginitis as a very frequent disease and one to be constantly reckoned with in institutions for children. It is also very frequent in dispensary and tenement practice, and not uncommon in private practice of the better sort.

2. In its milder forms and in sporadic cases it is extremely annoying, because so intractable; in its severe form it may be dangerous to life through setting up an acute gonococcus pyæmia or infection of the serous membranes, and in its epidemic form it is a veritable scourge in an institution.

3. The highly contagious character of gonococcus vaginitis makes it imperative that children suffering from it should not remain in the same wards or dormitories with other children. A similar danger, though less in degree, exists with the gonococcus ophthalmia and acute gonococcus arthritis or pyæmia.

4. It is practically impossible to prevent the spreading of the disease, if infected children remain in the wards with others. They must either be excluded from the hospital, or, if admitted, immediately quarantined.

5. Cases of gonococcus vaginitis can only be excluded from hospital wards by the systematic microscopic examination of a smear from the vaginal secretion of every child admitted. If a purulent vaginal discharge is present such examinations are imperative, and should be made as a matter of hospital routine, as the taking of throat cultures in children with tonsillar exudates. In the absence of a bacteriological examination a purulent discharge in a young child may be assumed to be due to the gonococcus.

6. The quarantine to be effective must extend to nurses and attendants, as well as to children. Furthermore, the napkins, bedding, and other clothing of infected children must be washed separately from that of the rest of the house.